

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
491142

APPLICANT(S)

FILING DATE
1-26-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12						
13						
14						
15						
16						
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18						
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20						
21			1			
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45						
46						
47						
48						
49						
50						
TOTAL IND.	2		1			
TOTAL DEP.	19					
TOTAL	21					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
63						
64						
65						
66						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL	1225.25		1555.25		1225.25	

BEST AVAILABLE COPY